

## ECS Configuration Change Request

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<b>CCR No.</b> 97-0245	<b>Logged Date</b> 2/28/97	<b>Rev.</b> -	<b>Request Type</b> CCR
<b>Priority</b> Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	<b>Affected Release</b>		<b>Change Class</b> II
<b>Title (description)</b> TextBridge software installation in the DSS Lab			
<b>Documents Affected</b>		<b>Source Nos</b> (RID, NCR, Action Item, GSFC CCR, etc.) or <b>Tech Reference</b>	
<b>RTM Change</b> <input type="checkbox"/> <b>Start New Baseline</b> <input type="checkbox"/>			
<b>Problem</b> COTS software installation in the DSS Lab			
<b>Proposed Solution</b> Install a copy of TextBridge software on the PC in the DSS Lab			
<b>Impact Analysis:</b> Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
<b>Cost:</b> None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
<b>Schedule:</b> None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
<b>Originator</b> <u>Alla Lake</u> _____ Signature _____ Date _____			
<b>Office</b> _____ <b>Office Manager</b> _____ Signature _____ Date _____			
<b>Disposition</b> Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> <b>Comments:</b>          <b>CCB Chairperson</b> _____ Signature _____ Date _____			